

# APPLICATION FOR BUILDING PERMIT

1

FOR APPLICANT TO FILL IN (Print or type only)

## COUNTY OF LOS ANGELES DEPARTMENT OF COUNTY ENGINEER BUILDING AND SAFETY DIVISION

|                                                                                                                                                                                                                                                                                                                                                                          |                                   |                          |                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------|-----------------------------------------|
| BUILDING ADDRESS <u>20426 Vermont</u>                                                                                                                                                                                                                                                                                                                                    |                                   |                          |                                         |
| CITY <u>Torrance</u>                                                                                                                                                                                                                                                                                                                                                     |                                   | ZIP <u>90505</u>         |                                         |
| SIZE OF LOT <u>6.60 Acres</u>                                                                                                                                                                                                                                                                                                                                            | NO. OF BLDGS. NOW ON LOT <u>0</u> |                          |                                         |
| TRACT <u>32949</u>                                                                                                                                                                                                                                                                                                                                                       | BLOCK                             | LOT NO. <u>3 8881</u>    |                                         |
| OWNER <u>Francis P. Torino DBA</u> TEL. NO. <u>378-8275</u>                                                                                                                                                                                                                                                                                                              |                                   |                          |                                         |
| ADDRESS <u>3855 Pacific Coast Hwy.</u>                                                                                                                                                                                                                                                                                                                                   |                                   |                          |                                         |
| CITY <u>Torrance</u>                                                                                                                                                                                                                                                                                                                                                     |                                   | ZIP <u>90505</u>         |                                         |
| ARCHITECT OR ENGINEER <u>Total Concepts</u>                                                                                                                                                                                                                                                                                                                              |                                   | TEL. NO. <u>373-8474</u> |                                         |
| ADDRESS <u>3855 Pacific Coast Hwy.</u>                                                                                                                                                                                                                                                                                                                                   |                                   |                          |                                         |
| CONTRACTOR <u>Torino Construct</u>                                                                                                                                                                                                                                                                                                                                       |                                   | TEL. NO. <u>378-8275</u> |                                         |
| ADDRESS <u>3855 Pacific Coast Hwy.</u>                                                                                                                                                                                                                                                                                                                                   |                                   | LIC. NO. <u>236569</u>   |                                         |
| CITY <u>Torrance</u>                                                                                                                                                                                                                                                                                                                                                     |                                   | LIC. CLASS <u>B</u>      |                                         |
| CONSTRUCTION LENDER NAME AND BRANCH <u>Great Western Savings</u>                                                                                                                                                                                                                                                                                                         |                                   |                          |                                         |
| ADDRESS <u>8484 Wilshire</u> CITY <u>Los Angeles</u>                                                                                                                                                                                                                                                                                                                     |                                   |                          |                                         |
| SQ. FT. SIZE <u>8496</u>                                                                                                                                                                                                                                                                                                                                                 | NO. OF STORIES <u>2</u>           | NO. OF FAMILIES <u>8</u> | CHECK ONE                               |
| DESCRIPTION OF WORK <u>Two Story Type</u>                                                                                                                                                                                                                                                                                                                                |                                   |                          | NEW <input checked="" type="checkbox"/> |
| <u>5 Construction</u>                                                                                                                                                                                                                                                                                                                                                    |                                   |                          | ADD <input type="checkbox"/>            |
| USE OF EXISTING BLDG. <u>None</u>                                                                                                                                                                                                                                                                                                                                        |                                   |                          | ALTER <input type="checkbox"/>          |
|                                                                                                                                                                                                                                                                                                                                                                          |                                   |                          | REPAIR <input type="checkbox"/>         |
|                                                                                                                                                                                                                                                                                                                                                                          |                                   |                          | DEMOL <input type="checkbox"/>          |
| APPLICANT (PRINT) <u>Richard Huddleson</u>                                                                                                                                                                                                                                                                                                                               |                                   | TEL. NO. <u>373-8474</u> |                                         |
| BY (SIGNATURE)                                                                                                                                                                                                                                                                                                                                                           |                                   |                          |                                         |
| VALUATION <u>\$178,000</u>                                                                                                                                                                                                                                                                                                                                               |                                   | <u>187,330</u>           |                                         |
| I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL ORDINANCES AND LAWS REGULATING BUILDING CONSTRUCTION. I CERTIFY THAT IN DOING THE WORK AUTHORIZED HEREBY I WILL NOT EMPLOY ANY PERSON IN VIOLATION OF THE LABOR CODE OF THE STATE OF CALIFORNIA IN RELATING TO WORKMEN'S COMPENSATION INSURANCE. |                                   |                          |                                         |
| SIGNATURE OF PERMITTEE <u>Francis P. Torino</u>                                                                                                                                                                                                                                                                                                                          |                                   |                          |                                         |
| ADDRESS <u>3855 Pacific Coast Hwy.</u>                                                                                                                                                                                                                                                                                                                                   |                                   |                          |                                         |
| CITY <u>Torrance</u>                                                                                                                                                                                                                                                                                                                                                     |                                   | TEL. NO. <u>373-8474</u> |                                         |
| MAKE CHECKS PAYABLE TO:<br>HARVEY T. BRANDT, COUNTY ENGINEER                                                                                                                                                                                                                                                                                                             |                                   |                          |                                         |

|                                                                                                       |                                     |                                   |                            |
|-------------------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------|----------------------------|
| BUILDING ADDRESS <u>20426 Vermont</u>                                                                 |                                     |                                   |                            |
| LOCALITY <u>County - Carson</u>                                                                       |                                     |                                   |                            |
| NEAREST CROSS ST.                                                                                     |                                     |                                   |                            |
| ASSESSOR MAP BOOK <u>7350</u>                                                                         | PAGE                                | PARCEL                            |                            |
| DISTRICT <u>12</u>                                                                                    | GROUP <u>E-1 V</u>                  | FIRE ZONE <u>3</u>                | PROCESSED BY <u>Bewley</u> |
| STATISTICAL CLASSIFICATION                                                                            |                                     |                                   | SEWER MAP                  |
| CLASS NO. <u>04</u> DWELL. UNITS <u>+8</u>                                                            |                                     |                                   | BK <u>PC</u>               |
| USE ZONE <u>R3</u>                                                                                    | MAP NO. <u>4210 PP39011</u>         | SPECIAL CONDITIONS <u>PM 7752</u> |                            |
| ROAD DEPARTMENT APPROVAL REQUIRED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |                                     |                                   |                            |
| BLDG. SETBACK FROM FRONT PROP. LINE OF (STREET)                                                       |                                     |                                   |                            |
| HIGHWAY + YARD =                                                                                      | TOTAL SETBACK FROM FRONT PROP. LINE | TYPE OF HIGHWAY                   | EXISTING WIDTH             |
| + =                                                                                                   |                                     |                                   |                            |
| BLDG. SETBACK FROM SIDE PROP. LINE OF (STREET)                                                        |                                     |                                   |                            |
| HIGHWAY + YARD =                                                                                      | TOTAL SETBACK FROM SIDE PROP. LINE  | TYPE OF HIGHWAY                   | EXISTING WIDTH             |
| + =                                                                                                   |                                     |                                   |                            |
| CORNER CUTOFF YES <input type="checkbox"/> NO <input type="checkbox"/>                                |                                     |                                   |                            |
| IN OPEN SPACE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                     |                                     |                                   |                            |
| IN COASTAL PERMIT ZONE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>            |                                     |                                   |                            |
| <u>To be standardized #1604</u>                                                                       |                                     |                                   |                            |
| <u>Methane gas</u>                                                                                    |                                     |                                   |                            |
|                                                                                                       |                                     |                                   |                            |
|                                                                                                       |                                     |                                   |                            |
| FINAL DATE                                                                                            |                                     | BY                                |                            |
| P.C. FEE \$ <u>542.80</u>                                                                             | <u>+18.00</u>                       | PMT. FEE \$ <u>708.00</u>         |                            |

INSPECTOR COPY

### PLAN CHECK VALIDATION

CK. M.O. CASH

### PERMIT VALIDATION

CK. M.O. CASH

7978 NOV 21 23 542.80

0312 MAY 16 A 01 708.00

0308 MAY 16 A 23 18.00

78 MAY 16

| PLANS TO APPLICANT                               |          |                       |      |                              | INSPECTOR'S NOTES |  |
|--------------------------------------------------|----------|-----------------------|------|------------------------------|-------------------|--|
| TO:                                              |          | RETURNED              |      | APPROVED                     |                   |  |
| NO                                               | DATE     | NO                    | DATE |                              |                   |  |
|                                                  |          |                       |      |                              |                   |  |
|                                                  |          |                       |      |                              |                   |  |
|                                                  |          |                       |      |                              |                   |  |
| APPROVALS                                        |          | REQUIRED              |      | DATE RECEIVED<br>OR APPROVED |                   |  |
|                                                  |          | YES                   | NO   |                              |                   |  |
| WATER CERTIFICATE                                |          |                       |      |                              |                   |  |
| HEALTH DEPARTMENT                                |          |                       |      |                              |                   |  |
| FIRE DEPARTMENT                                  |          |                       |      |                              |                   |  |
| GRADING                                          |          |                       |      |                              |                   |  |
| GEOLOGICAL                                       |          |                       |      |                              |                   |  |
| PEDESTRIAN PROTECTION<br>(FENCE) (CANOPY)        |          |                       |      |                              |                   |  |
| SPECIAL INSPECTION<br>(CONC.) (MASNRY.) (WELDG.) |          |                       |      |                              |                   |  |
| LOT DRAINAGE                                     |          |                       |      |                              |                   |  |
| PARKING                                          |          |                       |      |                              |                   |  |
|                                                  |          |                       |      |                              |                   |  |
|                                                  |          |                       |      |                              |                   |  |
|                                                  |          |                       |      |                              |                   |  |
| APPROVALS                                        | DATE     | INSPECTOR'S SIGNATURE |      |                              |                   |  |
| LOCATION<br>(SETBACK & YARDS)                    | 6/7/78   | Bennet                |      |                              |                   |  |
| FOUNDATIONS                                      |          |                       |      |                              |                   |  |
| FRAME                                            | 10-13-78 | Bennet                |      |                              |                   |  |
| LATH/DRYWALL<br>INTERIOR                         | 10-24-78 | Bennet                |      |                              |                   |  |
| LATH-EXTERIOR                                    | 10-14-78 | Bennet                |      |                              |                   |  |
| HOUSE NUMBER<br>CORRECT & POSTED                 |          |                       |      |                              |                   |  |
| ENERGY INSULATION                                | 10-13-78 | Bennet                |      |                              |                   |  |
| FINAL<br>ENTER ON FRONT                          | 7/31/78  | Bennet                |      |                              |                   |  |
| slot                                             |          |                       |      |                              |                   |  |
|                                                  |          |                       |      |                              |                   |  |
|                                                  |          |                       |      |                              |                   |  |

## APPLICATION FOR ELECTRICAL PERMIT

1

## BUILDING AND SAFETY DIVISION

| FOR APPLICANT TO FILL IN                  |            |     |              | JOB ADDRESS                                                                                                                                                                                        |  |
|-------------------------------------------|------------|-----|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| NEW RESIDENTIAL BLDGS. & POOLS            | EACH       | NO. | FEE          |                                                                                                                                                                                                    |  |
| 1 & 2 Family Sq. Ft. <u>8496</u>          | \$         | -   | \$           | <u>20426 S. VERMONT</u>                                                                                                                                                                            |  |
| Multi-family Sq. Ft.                      | <u>.02</u> | -   | <u>16992</u> | LOCALITY                                                                                                                                                                                           |  |
| Residential Swimming Pools                |            |     |              | NEAREST CROSS ST.                                                                                                                                                                                  |  |
| Outlets: Light, Switch & Receptacle       |            |     |              | OWNER OR FIRM NAME <u>Ponderosa Pines</u>                                                                                                                                                          |  |
| First 20                                  |            |     |              | MAIL ADDRESS <u>24050 Madison St.</u>                                                                                                                                                              |  |
| Additional                                |            |     |              | CITY <u>Torrance</u> Tel. No. <u>373 8881</u>                                                                                                                                                      |  |
| Lighting Fixtures                         |            |     |              | PLAN CHECK APPLICANT                                                                                                                                                                               |  |
| First 20                                  |            |     |              | ADDRESS                                                                                                                                                                                            |  |
| Additional                                |            |     |              | CITY Tel. No.                                                                                                                                                                                      |  |
| Fixed Appliances Not Over 1 HP            |            |     |              | PERMIT APPLICANT <u>Fred Fast Electric</u>                                                                                                                                                         |  |
| Range _____ Heater _____ D.W. _____       |            |     |              | ADDRESS <u>4162 Baldwin Av.</u>                                                                                                                                                                    |  |
| Oven _____ Dryer _____ W.M. _____         |            |     |              | CITY <u>El Monte</u> Tel. No. <u>442 8593</u>                                                                                                                                                      |  |
| Top _____ FAU _____ W.H. _____            |            |     |              | LICENSE OR REG. NUMBER <u>305812</u> Class. <u>C-10</u>                                                                                                                                            |  |
| Hood _____ Fan _____                      |            |     |              | I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING ELECTRICAL WIRING.             |  |
| Disp. _____ A.C. _____                    |            |     |              | I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF THE ABOVE DESCRIBED RESIDENTIAL PROPERTY. |  |
| Power Apparatus & Large Appliances        |            |     |              | PERMITEE SIGNATURE <u>Fred Fast</u>                                                                                                                                                                |  |
| Size & Type HP, KW, KVA, or KVAR          |            |     |              | DISTRICT NO. <u>12</u> PROCESSED BY <u>Carlene</u>                                                                                                                                                 |  |
| _____ Up to 1 Incl.                       |            |     |              | APPROVALS DATE INSPECTOR'S SIGNATURE                                                                                                                                                               |  |
| _____ Over 1 to 10 Incl.                  |            |     |              | TEMP. POWER POLE                                                                                                                                                                                   |  |
| _____ Over 10 to 50 Incl.                 |            |     |              | UNDERSLAB WORK                                                                                                                                                                                     |  |
| _____ Over 50 to 100 Incl.                |            |     |              | ROUGH CONDUIT                                                                                                                                                                                      |  |
| _____ Over 100                            |            |     |              | WIRING <u>10-2-78</u> <u>Blund</u>                                                                                                                                                                 |  |
| Services                                  |            |     |              | FIXTURES                                                                                                                                                                                           |  |
| 0 - 200 Amp. Under 600 V                  |            |     |              | POWER AUTHORIZED                                                                                                                                                                                   |  |
| 201 - 1000 Amp. Under 600 V               |            |     |              | UTILITY CO. NOTIFIED <u>2/6/79</u> <u>Blund</u>                                                                                                                                                    |  |
| Over 1000 Amp. or Over 600 V              |            |     |              | FINAL <u>2/5/79</u> <u>Blund</u>                                                                                                                                                                   |  |
| Temp. Power Pole & Appurtenances          |            |     |              | NOTES                                                                                                                                                                                              |  |
| Sign with One Branch Circuit              |            |     |              |                                                                                                                                                                                                    |  |
| Additional Sign Branch Circuits           |            |     |              |                                                                                                                                                                                                    |  |
| (Other)                                   |            |     |              |                                                                                                                                                                                                    |  |
| PERMIT FEE (Sub-Total)                    |            |     |              |                                                                                                                                                                                                    |  |
| PLAN CHECKING FEE (One-Fourth Permit Fee) |            |     |              |                                                                                                                                                                                                    |  |
| PERMIT ISSUING FEE                        |            |     |              |                                                                                                                                                                                                    |  |
| TOTAL FEE                                 |            |     |              |                                                                                                                                                                                                    |  |

INSPECTOR COPY

PLAN CHECK VALIDATION

CK.

M.O.

CASH

PERMIT VALIDATION

CK.

M.O.

CASH

240 MAY 22 10 2

176.92

78 MAY 22

# APPLICATION FOR PLUMBING PERMIT

**BUILDING AND SAFETY DIVISION**

| FOR APPLICANT TO FILL IN (PRINT OR TYPE)                                                                                                                                                                                    |                           |         |                       | BUILDING ADDRESS                                        |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------|-----------------------|---------------------------------------------------------|--|
| NUMBER                                                                                                                                                                                                                      | FIXTURE OR ITEM           |         | FEE                   |                                                         |  |
| 16                                                                                                                                                                                                                          | WATER CLOSET              |         | 48 00                 | 20426 Vermont                                           |  |
| 8                                                                                                                                                                                                                           | BATH TUB                  |         | 24 00                 | Torrance                                                |  |
| 8                                                                                                                                                                                                                           | SHOWER                    |         | 24 00                 | NEAREST CROSS ST. Torrance Blvd                         |  |
| 16                                                                                                                                                                                                                          | LAVATORY                  |         | 48 00                 | OWNER Calton Const. Co.                                 |  |
| 8                                                                                                                                                                                                                           | SINK                      |         | 24 00                 | MAIL ADDRESS 24050 Madison                              |  |
| 8                                                                                                                                                                                                                           | DISHWASHER                |         | 24 00                 | CITY Torrance TEL. NO. 373-8881                         |  |
|                                                                                                                                                                                                                             | CLOTHES WASHER            |         |                       | CONTRACTOR Bolwichek Bldg Co.                           |  |
|                                                                                                                                                                                                                             | SWIMMING POOL RECEPTOR    |         |                       | ADDRESS 2209 1/2 Chico                                  |  |
|                                                                                                                                                                                                                             | LAWN SPRINKLER SYSTEM     |         |                       | CITY So El Monte TEL. NO. 575-8577                      |  |
| 8                                                                                                                                                                                                                           | WATER HEATER              |         | 24 00                 | STATE LICENSE NO. 328905 LIC. CLASS C36                 |  |
|                                                                                                                                                                                                                             | GAS SYSTEM                | OUTLETS |                       | DISTRICT NO. 12 GROUP R-1 ZONE R-3 PROCESSED BY Olmsted |  |
|                                                                                                                                                                                                                             | OUTLETS OVER 5 PER SYSTEM |         |                       | INDUSTRIAL WASTE APPROVAL                               |  |
| Plan check fee                                                                                                                                                                                                              |                           |         |                       | INSPECTION RECORD                                       |  |
| PLUMBING PERMIT ISSUING FEE \$                                                                                                                                                                                              |                           |         | 7 00                  |                                                         |  |
| TOTAL FEE                                                                                                                                                                                                                   |                           |         | 223 00                |                                                         |  |
| Plan check applicant                                                                                                                                                                                                        |                           |         |                       |                                                         |  |
| Name                                                                                                                                                                                                                        |                           |         |                       |                                                         |  |
| Address                                                                                                                                                                                                                     |                           |         |                       |                                                         |  |
| City Tel. No.                                                                                                                                                                                                               |                           |         |                       |                                                         |  |
| I HEREBY ACKNOWLEDGE THAT I HAVE READ THIS APPLICATION AND STATE THAT THE ABOVE IS CORRECT AND AGREE TO COMPLY WITH ALL COUNTY ORDINANCES AND STATE LAWS REGULATING PLUMBING.                                               |                           |         |                       |                                                         |  |
| I HEREBY CERTIFY THAT I AM PROPERLY REGISTERED AND/OR LICENSED AS REQUIRED BY LOS ANGELES COUNTY AND STATE OF CALIFORNIA OR THAT I AM THE LEGAL OWNER OF, AND INTEND TO RESIDE IN THE ABOVE DESCRIBED RESIDENTIAL PROPERTY. |                           |         |                       |                                                         |  |
| SIGNATURE OF PERMITTEE <i>Robert C. White</i>                                                                                                                                                                               |                           |         |                       |                                                         |  |
| APPROVALS                                                                                                                                                                                                                   |                           | DATE    | INSPECTOR'S SIGNATURE |                                                         |  |
| UNDER SLAB WORK                                                                                                                                                                                                             |                           | 7/31/78 | <i>Rene</i>           |                                                         |  |
| ROUGH PLUMBING                                                                                                                                                                                                              |                           | 9/27/78 | <i>Rene</i>           |                                                         |  |
| GAS PIPING                                                                                                                                                                                                                  |                           |         |                       |                                                         |  |
| GAS VENT                                                                                                                                                                                                                    |                           |         |                       |                                                         |  |
| HOT WATER HEATER                                                                                                                                                                                                            |                           |         |                       |                                                         |  |
| PLUMBING FIXTURES                                                                                                                                                                                                           |                           |         |                       |                                                         |  |
| GAS TEST                                                                                                                                                                                                                    |                           |         |                       |                                                         |  |
| UTILITY CO. NOTIFIED                                                                                                                                                                                                        |                           |         |                       |                                                         |  |
| FINAL                                                                                                                                                                                                                       |                           | 2/5/79  | <i>Rene</i>           |                                                         |  |

INSPECTOR COPY

## PLAN CHECK VALIDATION

CK.      M.O.      CASH

## PERMIT VALIDATION

|     |      |      |
|-----|------|------|
| CK. | M.O. | CASH |
|-----|------|------|

1127 MAY 18A 05 223.00 2

78 MAY 18

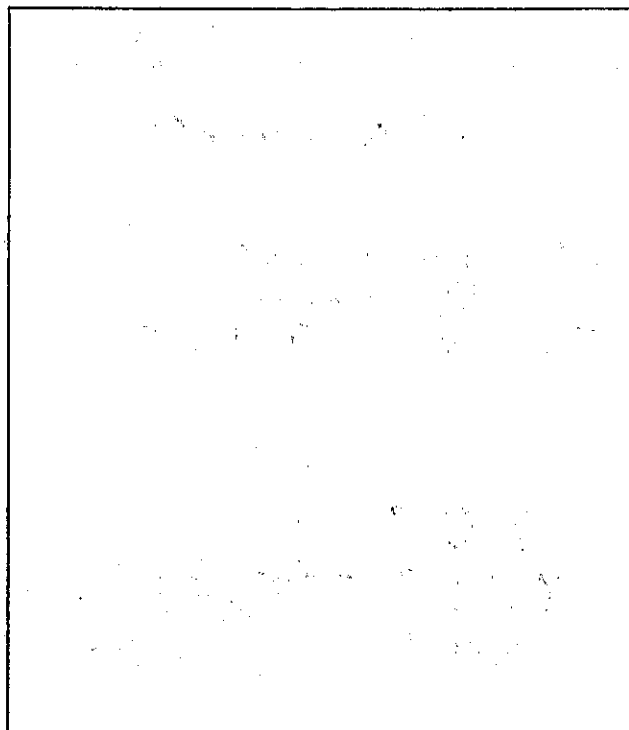
## BUILDING AND SAFETY

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FOR DEPARTMENT USE

REQUIRED INFORMATION

1. INDICATE ALL BUILDINGS ON PROPERTY.
2. INDICATE AND DIMENSION SEWAGE DISPOSAL SYSTEM WITH TIE DISTANCES TO BUILDINGS AND PROPERTY LINES.
3. INDICATE SIZE OF SEPTIC TANK-DEPTH OF SEEP-AGE PIT(S) - SIZE OF CESSPOOL(S).
4. INDICATE NORTH DIRECTION ON PLOT.
5. INDICATE BOTH STREETS IF CORNER.



ST. ALLEY R/W

FIELD NOTES

RECEIVED HOUSE LATERAL VARIANCE TO EXTEND FROM  
PROPERTY LINE TO WITHIN 2 FEET OF BUILDING AT THE  
JUNCTION OF MAINLINE CONSTRUCTION. INSPECTED BY R. N. H. T. C.  
8Y-2501

*Randy N. H. T. C.*